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*Journal
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ALL CHILDREN'S INSTITUTIONS
AND AGENCIES

child welfare

March 1955

- Safeguarding Emotional Health
- Differentiation of Caseloads
- Supervision in Adoptive Homes
- Adoptive Home Study

CHILD WELFARE JOURNAL OF THE CHILD WELFARE LEAGUE OF AMERICA, Inc.

HENRIETTA L. GORDON, Editor

CHILD WELFARE is a forum for discussion in print of child welfare problems and the programs and skills needed to solve them. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

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SAFEGUARDING THE EMOTIONAL HEALTH OF OUR CHILDREN

An Inquiry into the Concept of the Rejecting Mother

Anna Freud, LL.D.

London, England

Vice-President

International Psychoanalytical
Association

*The article which follows has been excerpted from a paper developed by Miss Freud from an address she delivered at the Child Welfare League's Annual Dinner Meeting at National Conference of Social Work in May.**

WHEN I received from your President an invitation to speak at the Annual Meeting of the Child Welfare League of America, I took this as a sign of recognition of the close interrelation which exists today between your field of work and mine, the social and the psychoanalytic one. By now, it has been accepted as a fact by many people that child welfare work, to be effective, has to draw heavily on the results of analytic child psychology. I believe that, in reverse, child psychology, for best results, cannot afford to neglect the inexhaustible fund of material which, in the form of impressions, observations, practical experience, is at the disposal of the welfare worker. Generous American support has enabled me, as an analyst, to undertake repeated ventures into the realm of welfare work.† These have impressed me with the value of gaining intimate insight into both sides of a twofold task: that of building up a body of knowledge concerning the child's emotional development, as well as that of applying this hard-won knowledge to the aim of "protecting the emotional health of our children."

* The unabridged version of the paper is available in pamphlet form through the League. (See back page).

† The Jackson Nursery, Vienna 1938/39, maintained by Dr. Edith Jackson, New Haven.

The Hampstead Nurseries, London, 1940-45, maintained by the Foster Parents' Plan for War Children, Inc., New York.

The Hampstead Child-Therapy Clinic, London, maintained by the Field Foundation, Inc., New York, since 1952.

The Relations Between Psychoanalysis and Child Welfare Work

Historically, the significant cooperation between the two fields began with the analytic discovery that nothing that happens in the later life of an individual is of the same importance for his mental health as the events of his first five years. It was this shift of emphasis from adult to childhood experience which showed up the importance of child welfare work for the prevention of mental disturbances, thereby giving it a very special status among the social services.

During its development toward a new and effective form of mental hygiene, child welfare work seems to have become gradually as dependent on analytic child psychology as physical hygiene is on medicine and medical research. The analogy includes even the mistakes made on both sides. Scientists, whether they work on the secrets of the body or the mind, sometimes release their discoveries while they are still in the experimental stage. Workers in hygiene, whether physical or mental, in their eagerness to relieve or prevent suffering, are not always discriminating and careful enough in their applications. This danger is increased on the psychological side by the less objective nature of the findings, by the less precise language in which the analyst expresses them, and—last but not least—by their emotional appeal.

Rejection as a Pathogenic Factor

Realizing the advantage of directing their efforts to the earliest ages, and thus, perhaps,

to the beginning of all troubles, they began to take serious notice of the vital bond which exists between mother and infant, to protect it against forcible interruptions, to foster its existence where they found it, and to urge mothers to be more forthcoming with their feelings where they seemed reluctant.

These were the legitimate applications of a new insight. But, whether owing to the fault of the analysts who were too emphatic in their statements, or owing to the fault of the caseworkers who were too bent on exchanging a multitude of causes of mental trouble for one single, simple, causal factor, the idea of being "rejected by the mother" began suddenly to overrun the fields of clinical work and casework. On the clinical side, more and more of the gravest disturbances were attributed to the presence of "rejection" (such as autism, atypical and psychotic development, mental backwardness, retardation of speech, etc.). On the caseworkers' side, more and more mothers were pronounced to be cold, not outgoing, unresponsive, unloving, hating, in short "rejecting" their children. This caused much heart searching and also much self-accusation, especially among the mothers of abnormal children.

Rejection by Unwillingness of the Mother

No one who has ever had even a short acquaintance with child welfare work will deny that there are "bad mothers," in the same sense in which there are bad partners in every type of human relationship, whether they are mothers or fathers, wives or husbands. As described above, the relationship of a mother to her infant is an exacting one. It is too much to expect that she will fulfill her task if she has not taken on the role of motherhood voluntarily, if it has been forced upon her. That leaves on one side, classed as "unwilling," all those mothers who never meant to have a baby, or did not mean to have it at the particular time when pregnancy occurred. The reasons for their unwillingness may be external ones: financial diffi-

culties, lack of their own home, or of space, the burden of too many earlier children, illegitimacy of the relations with the child's father. There are emotional reasons such as lack of affection for the husband, which is extended to his child. Or the reasons, rationalized merely on the surface by external conditions, may lie much deeper in the mother's nature. There are many women who are incapacitated for motherhood by virtue of their masculinity. They may wish for children for reasons of pride and possessiveness, but their humiliation at finding themselves female, their longing for a career, their competition with the husband preclude any real enjoyment of or with the infant.

There are, further, the mothers who waver between rejection and acceptance of the mother role. A woman may be wholly unwilling while pregnant and then be seduced and tempted by the infant himself until she enters into an affectionate relationship; in such cases the living presence of the child arouses in her what one used to call the "mother instinct."

Or, there may be conflict between internal and external pressure. This is well known from casework with unmarried mothers who reject their infants for social considerations while they accept them emotionally.

On the whole, it is not the truly unwilling mother who exerts the most disastrous influence on her child's future. Where she refuses altogether to play her part, the door is left wide open for an accepting mother substitute, as found in adoption and in foster families. It is the mother who wavers between rejection and possessiveness who does the most irreparable harm by forcing her child into an unproductive partnership in which he fails to develop his capacities for object love.

Rejection Through Abnormality of the Mother

Unwillingness for conscious or unconscious reasons to assume the special task of motherhood should not be confused with the general failure to establish normal human relation-

ships, as is distorted, suffer from the effect of ment of frequently. There is the lack as if to harmful can also may inc self-cent tions, re The no infant* abnorm gether l parently of affair child's environ

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* See Schizop chos. York, V

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ships, as it exists in women whose personality is distorted by psychotic elements, or who suffer from a circumscribed psychosis. The effect of a psychotic mother on the development of her child has been discussed frequently and by many authors in recent years. There is no doubt that infants may react to the lack of outgoing warmth in such a mother as if to her "rejection." On the other hand, harmful consequences of an opposite nature can also be observed. The psychotic mother may include a child into her own world of self-centered (narcissistic) feelings and reactions, regarding it as a part of her own self. The normal symbiosis of a mother and infant* may become prolonged then in an abnormal manner and mother and child together become an isolated couple in an apparently hostile external world. Such a state of affairs delays, or prevents the growing child's normal adaptation to the social environment.†

Rejection by Inconstancy of Feeling

There are many young children who show the effects of rejection although they have never been subjected to a physical separation from their mothers. The fact is that infants demand more than the bodily presence of the mother; they demand too, that the mother's regard for them should not undergo any fluctuation in degree. The younger the infant, the greater his sensitivity to any lessening in the mother's love, even if this is a very temporary phenomenon. Even where the mother is quite oblivious of such a change in intensity of feeling, the child is not. In a recent, more specialized paper on the subject, "About Losing and Being Lost,"‡ I was able

* See Margaret Mahler, "On Child Psychosis and Schizophrenia. Autistic and Symbiotic Infantile Psychoses." *The Psychoanalytic Study of the Child*, New York, Vol. VII, 1952.

† See Dr. Augusta Bonnard, "School Phobia—Is It a Syndrome?" Paper read at International Congress of Psychiatry, Paris, 1949, published in *ARCHIVES*, Paris, 1949.

‡ Anna Freud, "About Losing and Being Lost," read at 18th International Psycho-Analytical Congress, London, 1953.

to show how young children react if they feel less loved. The mother's loving interest in the child ties him to her, and he feels securely held in an atmosphere which is charged with her affection. When the charge (the libido-cathexis, to use the technical term) diminishes, insecurity sets in, and the child feels "lost." Where the infant is old enough to be capable of independent movement, he may even get lost physically under such conditions; *i.e.*, he may venture away from the mother into what is normally for him "out of bounds" and not find his way back to her. There is an interesting analogy here between our own hold on our material possessions and a mother's hold on her young child. We are apt to lose possessions if we withdraw interest from them, if "our mind is elsewhere." Mothers, under the same conditions, may lose their emotional hold on their young children; this, in turn, may induce the child to stray, to lose himself, to run away.

Seen from the mother's side, it is an unreasonable demand that there should be no fluctuations in the intensity of her feelings for the child. There are many other claims on her emotions. The most devoted mother of an infant may have older children who have older claims; there are the husband's claims to satisfy, whose needs vary. Mothers may suffer the loss of another child, of their own parents. If this happens, their feelings become withdrawn from the infant and are engaged in mourning. Infants react to such happenings as to rejections and desertions, with illness, with standstills or regressions in development, with increased naughtiness and aggression toward the mother. The same happens if the mother falls into a morbid depression of some kind, or if there is an upheaval in her love life, or if there are troubles in the marital relations which absorb her interest.

Rejection by desertion also seems to be the most potent factor in the young child's emotional upheaval when a next child is born. So far as the mother is concerned, nothing is more natural, healthy, and even biologically necessary than that she should turn her pre-occupation toward the newborn. But all the

psychological advice to mothers on how to handle the older child at that juncture, all the devices of giving him a doll to bathe, of letting him help with the new baby, of telling him what a big child he is already, all this will not for a moment blind him to the all-important fact that his mother has withdrawn libido from him. The child's own explanation of such "rejection" is, invariably, that he is no good, or that the mother is no good, both versions leading to anxiety, feelings of guilt and regressions in behavior.

Where the withdrawal of love is occasioned by the birth of a new baby or by some happening in the mother's love life, the child will react with normal jealousy. Where mourning or depressions are the cause, children usually answer with withdrawal and (immediate or later) pathological depressions of their own.

Alternation of Rejection and Acceptance

It is only natural for a mother that her relationship to her child fluctuates with his phases of development. Some mothers feel a pride, possessiveness and love for the unborn during pregnancy which they can never recapture in their later attitudes. Others are wholly devoted to the helpless baby and withdraw devotion when the child begins to move and help himself.*

Alternations of rejection and acceptance (not of the child as a whole but of his changing aspects) are anchored in the depth of the mother's mind. She cannot help reacting against (i.e., "rejecting") the child if his behavior arouses old conflicts of her own. His oral demands on her arouse once more her own struggles with her own mother in her own babyhood. His dirtiness and the need for her to be concerned with his body products

arouses fantasies and battles of the anal phase. Her reaction to the child's phallic development will be determined by her castration complex and her penis envy. In short, the relationship to the developing infant shakes her personality to its foundations. Her behavior toward the child is understood best when viewed in terms of her own conflicts. She acts rejecting when she defends her own repressions, and accepting when the child's behavior meets with secret wishes and fantasies of her own which she cannot tolerate.

Rejection in Spite of Devotion

Although, as said before, no human being is wholly loved, there are some women who come very near to fulfilling this achievement for their child. They are, emotionally, mothers rather than wives, with few other ties and interests, to whom the possession of a child means the fulfillment of their deepest wishes. They give themselves unreservedly to the infant; they do not separate from him and they do not allow other claims to diminish their attention. Their infant remains frequently their only child. But, surprisingly enough, they too do not escape the blame of being "rejecting" in the eyes of their children. It throws a new light on the factor of "rejection" when we realize that no degree of devotion on the part of the mother can cope successfully with the boundless demands made on her by the child.

We must guard against the error of confusing the inevitably frustrating aspects of extrauterine life with the rejecting actions or attitudes of the individual mothers.

This inquiry into the concept of the rejecting mother has not been undertaken with the aim of discouraging the welfare worker. On the contrary, discrimination between fantasy and reality factors, between attitudes of willful neglect and unescapable fateful situations seems to me of the first importance in clearing the way for increasingly successful action in the puzzling, delicate and difficult situations which are met in the clinical field and in the field of casework.

* Kris, Ernst, Coleman, Rose W., and Provence, Sally, "The Study of Variations in Early Parental Attitudes," *The Psychoanalytic Study of the Child*, Vol. VIII, International Universities Press, 1953, New York, p. 20.

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AN EXPERIENCE WITH UNDIFFERENTIATED AND DIFFERENTIATED CASELOADS

Charles L. Leopold

Executive Director
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Oklahoma City, Oklahoma

This article is the first of a series on differentiated or undifferentiated caseloads. The author's agency has employed both methods. In subsequent issues of CHILD WELFARE, authors with experience with one or the other method will present their points of view.

A DISCUSSION of the pros and cons of differentiated and undifferentiated caseloads includes a consideration of the specific and the generic aspects of casework practice. In recent years several factors have focused attention on this problem. Among these have been:

1. renewed interest in and the re-evaluation of social work education in respect to its generic and specific content.
2. the trend in some areas—and its accomplishment in others—toward the integration of public assistance and child welfare services in an effort to provide casework services.
3. the increasing number of mergers, especially among the private social agencies of family service and child care agencies.

The first undoubtedly has had a very strong impact on the thinking in regard to practice. In many instances practice has been favorable to undifferentiation since many social work schools are stressing the generic aspects of their curricula. With respect to the latter two factors, usually there was a decision and planned action to institute either differentiated or undifferentiated caseloads. Under such circumstances excellent and reasonable presentations in favor of either differentiated or undifferentiated caseloads can be expected.

The observations that follow present the point of view that differentiated caseloads are the most advantageous. It stems from a recent experience of several years in a merged child placement (both foster home and institutional) and family service agency, where undifferentiated practice was originally instituted, and after some three years changed to

differentiation. Comments refer mainly to the child welfare area. This in no way means that the family service aspects were not as important in the consideration of whether or not to differentiate caseloads.

Differentiation Seemed Implicit in Merger

While mergers are not the subject of discussion they serve as a good point from which to launch a consideration of differentiated and undifferentiated caseloads. The merged agency automatically must decide which system to adopt, yet in attempting to arrive at such a decision, it finds that there is no commonly agreed upon conviction which resolves the question one way or the other. However, there are certain factors which seemingly influence toward undifferentiation when the merged agency embarks upon defining its casework policies and practice.

A basic factor is the thinking with respect to the generic and specific content and the nature of social work education. There is some carryover from the interest in academic areas in orienting basic educational curricula to generic content. The practitioner with the social work degree gained through two years of graduate study comes to an agency theoretically oriented to the generic. In the latter stages of the two-year educational curricula or in a third year of graduate study academic curricula may be receptive to the specific nature of casework practice. In an agency where the practitioner has a voice in establishing policy and standards of practice—and he should have—his academic orientation is bound to condition him toward the generic,

unless experience influences his thinking in favor of the specific.

Another factor is the concern to unify the agency in all areas and levels of functioning. For all practical purposes any merger carries with it the mandate to integrate and unify policy-making and management; i.e. where before there were two agencies, there is now one. Whether or not the concept of integration of casework practice as undifferentiated is stated when the merger is instituted it may be there by implication. If undifferentiation was and is desirable from a policy-making and administrative standpoint, it is desirable from the point of view of practice. Thus a good many merged agencies find themselves disposed favorably or urged by the forces creating the merger toward undifferentiation.

Traditionally family service and child care agencies have been separate and certain difficulties in clarifying areas of service, limitation and narrowness of the concept of casework function have accentuated the negative aspects of "separateness" in casework practice. From here it is a short step to pronounce undifferentiation as the solution. Another has been the seeming cliché reasoning that, since all casework is based on generic knowledges and skills, family and children's casework possess essentially the same basic characteristics and their practice can and should be undifferentiated. This is simply a resumé of some of the thinking and situations which lead to an assumption that undifferentiated casework is the practice to institute—especially if the opportunity presents itself through a merger of family and child care agencies.

Reevaluation Was Necessary

Many agencies embark upon undifferentiated practice with full enthusiasm. Such was our experience. However, as time elapsed and over-all agency policies and procedures in administration began to show effectiveness, we were not alarmed when undifferentiated practice did not show proportionate development. As time went on and confusions persisted in practice, it became evident that we needed to reevaluate our experience.

Time and effort had to be directed deliberately to determining whether we were on the right track and should persist in trying to make undifferentiation work or whether we should change to differentiation. Perhaps the attitude was not as objective as indicated because undeniably our bias was toward wanting undifferentiation to work. We had embarked on this program through our own decision and as an expression of our thinking and belief. We did not want to fail.

Even after a reexamination of thinking, our convictions with regard to the basic principles and fundamentals in casework did not change. Fundamental and integral in all casework in any setting are basic knowledges, skills, and principles which can be acquired only through academic preparation and experience in practice which emphasizes the development of the generic principles. Thus whatever we came out with in respect to our present or future functioning in casework, we started with and did not change this basic concept.

The next step was to determine in so far as possible where difficulties in practice were occurring, their nature, and then to discover how to correct them. We found that these difficulties and their occurrence grouped themselves around two principle areas: the foster care placement of children, and services to families as a family unit or to individuals within or constituting a family unit. Developing this from a child placement standpoint brought out various specifics in child care which pointed to the need to differentiate the casework in that area from others.

Placement Requires Special Skills

Placement of a child, the provision for his care away from his own home was at one time looked upon somewhat simply as an isolated experience whereby the child was relieved of his deprivations in physical care, opportunity, and general well-being by the provision of a good foster family or homelike institution. By this process seemingly the child was to enter into a new life almost entirely as a new person. The appreciative

and intelligent child would surely be expected to become so. In somewhat miraculous fashion the child would forget old ties, old relationships, old experiences. As for parents and family, they became non-existent in so far as continued participation in planning or meaningful association with the child was concerned. On occasion they became nonexistent literally and all contact with the child was eliminated, often purposefully by the agency.

Concepts of child care have undergone tremendous change within recent years. Today we view placement as a part of the child's and his family's total living experience which cannot be isolated. We understand that the conditions which led to the parents' need for or compliance with the suggestion or order to place have a variety of possible connotations such as rejection, incompetency, family crisis, and that these leave an indelible imprint upon the child. Under varying conditions placement may mean a threat of dispossession from his family or a confirmation of family disintegration. With them may come need for retaliation, feelings of guilt or anxiety, attitudes or rejection, and other forms of emotional disturbance which are reflected in his adjustment to placement. These not only have to be met if they occur in placement, but also the practitioner must be aware of their likelihood before placement occurs. If possible, he must be able to prevent their development or at least treat them.

Moreover we perceive placement as not only an experience in relation to the child but to his parents. From a different viewpoint and reason they likewise have feelings of anxiety, failure, resentment and other reactions to the why and the conditions of placement. They too must be helped to prepare for and accept it and to carry on while it is in effect. The meaning of the placement experience is not only concerned with the physical or emotional deprivations the child has experienced in his own home, but also with meeting the problems of the parents' being deprived of the child and the child of the parents. It is almost axiomatic that the

experience of placement itself creates a problem irrespective of how essential it may be and how well prepared and receptive the child and parents are.

Placement thus being considered in terms of the child's and family's total life experience means that there is not only the past and present to be considered but also the future. Some day the child will return home, or at least presumably become identified as a member of his own family, even if the reunion is delayed until his adulthood. This requires a careful fostering and maintenance—or if necessary the development—of a meaningful relationship between child and family. At the time of placement, frequently planning for the return of the child to his family is accepted as the end of the placement process. Thus the need for the participation of the family in planning, helping them to prepare themselves to meet the child's needs or problems, aiding them in understanding and cooperating in continued helpful relationships to the child, foster parents, and agency during placement is of very real and vital importance. This calls for understanding of the experience of placement, it requires a special knowledge and skill.

Agency Assumes Parental Prerogatives

Perhaps one of the most misunderstood and underestimated aspects of child placement is that it commits an agency to the control of a child's environment which carries with it the acceptance of many responsibilities. This control of environment is one of the distinguishing features between child placement and family service. For instance, control of environment implicitly carries with it certain responsibilities normally carried by parents. The agency becomes responsible for the child's physical care, adjustment in various areas of daily living, discipline, habit training, medical care, and a host of similar or allied responsibilities. Some think of this as being true only when legal guardianship or custody of a child is taken, associate it with aspects of overprotection, or instances of poor casework where planning or treatment are not shared with the child's

family. Some placement agencies, as we have said, completely isolate the child from his family in all respects and over-emphasize matters of physical care and similar aspects of service. The agency can share these responsibilities to some extent, but it cannot avoid the decision and the acknowledgment of the control and what goes with it. It is to the agency that the community, even the parent, turns when the child has troubles in school, becomes ill or exhibits difficulties in adjustment. No longer can the situation be handled as it is in the child's own home by acknowledging that the parents have the immediate and direct control because they have the child. Consequently, we find in placement factors which make casework practice in this area different in specific ways from practice in other casework services.

Problems Inherent in Type of Service Given

The matter of setting is frequently misconstrued when applied to family and child placement casework. Casework may be specific in certain settings, such as a hospital, because it is conditioned by another profession which has primary responsibility and control in that setting. However, in child care and family casework, the application of the possibility of each being specific is sometimes not recognized because of the assumption that the agency's basic function is casework; the setting for the program is the agency and this is the major conditioning factor. However, this means that the concept of setting has been unrealistically applied because family and child placement casework takes place either in the setting of a family home or a substitute home when the child is placed outside his home. The type of service given has specific implications and bearing upon the nature of responsibilities and casework function of the agency as related to the points discussed previously.

One of the distinguishing characteristics of child placement is the multiple relationships that it creates. The components are the relationship of the caseworker, child, foster

parent and parent one to the other and in various combinations. The casework practitioner has or must develop a professional relationship with each but unfortunately there is no simple formula for this that applies to all alike. For instance, the caseworker in proper performance of her function must have a relationship with the child. She must have his participation and bring him along in preparation for placement and in making an adjustment to placement. To a certain degree this develops in the child the concept of the caseworker as having ultimate responsibility for making decisions. At the same time, the caseworker must not supplant the parental role nor remove from the foster parents their responsibility and function. Another factor is the recurrent problem of the foster parent and the parent coming into conflict in so many areas. The foster parent may purposely or unknowingly supplant the parent emotionally, resist visiting between parent and child; the parent may disparage the foster parent's success, etc. In this area struggles of seemingly almost endless variation can and do exist. The conditions here are specific to the fact of placement, although the factors in each relationship need to be examined and understood.

The process of finding, studying and retaining foster homes is an integral part of child placement. In this we not only face the problem of how to recruit homes, we must determine:

1. What goes into the exploration and study that determines the acceptance or rejection of applications?
2. How do we proceed in developing our study?
3. What are we looking for in foster parents?
4. What do we expect from them?
5. What is their status with the agency in terms of their own needs and problems?
6. How do we evaluate the home in regard to continued use?

There is not only a problem of finding good homes, but more so of holding them. These are questions that continuously demand attention and require special knowledge and skills.

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Institutional Care

Institutional care is a type of child placement that commands specific attention. No attempt will be made here to develop this area fully, but a few comments are in order. Working with children in an institution also demands related knowledges and skills. The nature of group living usually forces a readjustment of thinking in terms of the relationship and interaction of the individual to the group and vice versa. Occasions arise in group living when the interests of the child and the group are in conflict and the former must be subordinated. This is a key area of conflict calling for a great deal of insight and experience. The relationship between individuals and groups at the institutions requires adjustment—the caseworker and child and houseparent, other children and houseparents; the caseworker's use of authority, not only in respect to the child but in sharing it with the houseparent. Institutional care long sought to simulate the natural home. This it could never do because it was a group living situation and not a family one. New knowledge and understanding of group living has opened a whole new area of thought and development.

Child placement, therefore, requires special knowledges, skills, and experiences essential in the best provision of services. Thus specialization built upon the foundation of the generic enables not only an enrichment and development of the area of specialization but relates itself to a similar strengthening and growth of the generic. The practice of specific or differentiated caseloads is predicated upon this concept.

Implementing Differentiated Caseloads

In our experience the change from undifferentiated casework to differentiated casework was not as difficult as expected. In the first place no changes in the basic policies as to the kind of services and functions of the agency *per se* were necessary. However, they did need clarification because complete undifferentiation had led to confusion on the part of many caseworkers in respect to some aspects of the agency's services. The con-

fusion arises because of new attitudes toward economic dependency. For example, the family agency provides little economic assistance. In a placement however, full support of the child may be provided even in situations where the child's family was unwilling to contribute toward the cost of placement and though they may have the financial means.

In instituting differentiated caseloads, the staff members were chosen for either family service or child placement on the basis of expressed interest, demonstrated potential ability. Fortunately, most of the agency's staff had gone through an experience that was generic and were well prepared to develop specialization. However, in adapting to undifferentiated casework practice the agency kept in mind that the caseworker new to the field had to be oriented generically and that she as well as the experienced one needed to be continually so oriented so that they could function with full awareness of generic concepts. To solve this we instituted a system whereby new caseworkers are given a small assignment of cases in an area other than their differentiated field. These cases usually are comparatively simple ones. Some people may object that this is confusing and requires a great deal of flexibility in the agency. However, confusion could occur only where the whole practice of casework and management is compartmentalized and rigid. Interchange of staff or opportunity for experience in different areas through controlled caseload assignment is sound.

Similarly supervision has been differentiated. Particular care has been directed to securing supervisors who are experienced and understand the generic and who are accomplished and skilled in their particular field. The integrating factor in differentiated supervision is the casework supervisor who has a fully competent and comprehensive grasp of the whole and sound experience in both fields. Each caseworker has one assigned supervisor in her major area. In the event special consultation is needed on a case in the other area, the supervisor from that area is called in. Staff conferences, case consultations with consultants, and inter-communi-

cation among fellow staff members, serve as other means of communication.

Assigning Caseloads

Problems may occur in assignment of intake and the re-assignment of cases. When we used undifferentiated intake problems often arose when cases were assigned to a worker less able than another. Where the worker taking the application was assigned the case, overloading and underloading occurred. Also with undifferentiated caseloads problems developed when reassignment had to be made because of staff changes or for other reasons. While differentiation did not solve these problems in itself, it did lend itself to the establishment of a system which has been found satisfactory. Initial interviews with an applicant are taken on a rotating staff basis. They are processed as an initial exploratory interview, directed to determining whether the service requested comes within the agency's area of services and if it does what service is indicated. On this basis, the case is accepted and assigned for study to a child placement or family service caseworker as indicated.

In instances where the kind of service needed changes from that originally indi-

cated at intake or where the need changes in case receiving service one of several solutions are possible. If a meaningful relationship has developed between caseworker and client, the same caseworker continues with the case in the new area. If this is not feasible from the standpoint of competence needed, we consider using two caseworkers. This is feasible if a child is to be placed, since one worker can continue with the family and the other with the child in placement. If neither of these solutions apply then a transfer of the entire case can be made. The latter is not handled routinely and without consideration of the client. These kinds of situations are not as frequent as many agencies and caseworkers believe them to be. When they do occur prior knowledge as to their meaning exists and every effort can be made to interpret to and prepare the client for the change.

Casework practice is generic in its embodiment of common knowledges and skills but child placement and other areas of casework require the development of special knowledges and skills in order to provide the highest level of service and to enrich not only the specific but the generic. The practice of specific or differentiated casework is consistent with this premise.

SUPERVISION OF THE CHILD IN THE ADOPTIVE HOME*

Florence G. Brown

**Executive Director
Louise Wise Services
New York, New York**

The author points up the adoption agency's responsibility for continued work with the adoptive family after placement in order to help the parents and child develop into a healthy, well-integrated family.

THE supervisory period is undoubtedly the most neglected aspect of adoptive placement. Often, when agencies are under great pressure, contacts are curtailed after the child has been placed. In the placement of children in temporary boarding homes, agencies plan

* Delivered at the New Jersey Welfare Council Conference, Asbury Park, New Jersey, December, 1954.

very regular supervisory visits and few agencies would place children in boarding homes without provision for adequate supervision. In adoptive placement, the agency must give its approval to the legal adoption knowing the permanence of the decision and that there is no later recourse as there is in boarding care.

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Is Supervision Worthwhile?

Adoption agencies, as well as most other social agencies, work under great pressure and have insufficient staff, but is this reason enough to curtail this part of our job? Is it due to a lack of clarity of what is involved in supervision, or perhaps a lack of conviction about the importance of our role during the supervisory period? Might it also be due in part to a feeling that if we have selected our adoptive homes carefully we do not need to be closely involved after the placement? If so, this concept should be challenged, as even the most careful study by the most skillful caseworker cannot possibly foresee all that may develop in the future. Our studies help us predict, but we cannot assume that our predictions are always correct. Some things cannot possibly be predicted and can be seen only after placement, and, therefore, we can only know how valid our predictions were, by observing the child in the adoptive home. The adoptive parents and the child, need our help to grow into a family unit. No pressures should be permitted to determine the quality of supervision. It is no reflection on a worker nor on an agency to find that there are problems after placement and that help is needed. We are subject to criticism only if we are not aware of what is happening or are so afraid to face the fact that our selection was not a good one that we just close our eyes to the problems that occur after placement.

The director of the agency and the Board must have enough conviction about the importance of supervision to include this in estimating staff needs as they do the number of children to be placed during the year. To agree that supervision is important is not enough unless we make it realistically possible.

The caseworker's personal adjustment and life situation enter into her attitudes toward families and adoption itself. In some cases this may be shown by the worker's over-identification with certain families, and in other situations, it appears in a more subtle form. Selecting parents for a child must have a psychological effect on the worker and this role can bring anxiety as well as satisfaction.

This is true of the worker's role in supervision as well as in the other steps of the process, and may be the reason for certain blind spots during this period. The worker may on the one hand need to feel that the placement must be a good one because of her earlier study, but may also have an unconscious fear of learning that perhaps she has made a mistake. She may be reluctant to see too much because of the anxiety it might provoke in herself. Another factor in the situation is the desire on the part of the adoptive parents to be an independent family as soon as possible and, therefore, the supervisory period can appear as a threat to their desire for independence. Their feelings about this can affect the worker, and she might feel like an intruder. The desire for independence is healthy and we need to respect this, nevertheless we still have the responsibility for the child.

Purpose of Supervision

Supervision should be thought of in relation to our initial study and the placement itself and not as a separate part of the process. The selection of the adoptive home is the first step in guaranteeing a sound placement, and the initial introduction of the child to the family and the entire placement process are part of our study and selection. The reality of adoption is the child living with his new family and their adjustment to each other. Our goal in supervision is, therefore, the successful integration of the child in the family. It is a fallacy to assume that all the answers lie only in the selection of the home—adoptive placement is a continuing relationship, beginning with the couple's first letter to the agency, and not ending until legal adoption is completed.

The term "supervision" does not adequately describe our role during the period after adoptive placement. "Supervision" has many authoritative implications and reflects only the child-protective aspect of our work. We retain custody of the child and, therefore, our role must be somewhat authoritative. However, since our aim is to see the family established and to help them toward getting

along without us, our approach must be positive and helping, rather than only authoritative. The family should have adequate interpretation regarding the purpose of supervision to lessen the anxiety which could be created and help them to see us as a source of security rather than as a threat.

Our role during the supervisory period is therefore twofold:

1. A protective role toward the child; and
2. To give help specifically related to the adoption situation.

In the first we have a responsibility to the child to observe his progress and development before we give our consent to the legal adoption. It is here that our role can be authoritative to the point of removal of the child from the adoptive home, if the problem is sufficiently serious. We would consider removal after placement, and before legal adoption only for reasons such as a mental breakdown, death, serious incapacitating illness or separation of the adoptive parents. Even in such cases, we should examine each individually to determine whether or not the child should remain. Before considering removal, we need to offer every possible help to the family.

The second purpose of supervision, helping the child and parents to form an integrated family, is of utmost importance. Regardless of the extent to which the adoptive parents and we feel that the parents have come to terms with their inability to have their own child, their conflicts may be stirred up again. The study and selective process are the beginning of helping the family toward a better understanding of adoption and some of the problems they will have to face, including such experiences as telling about their adoption in the community and eventually explaining his adoptive status to the child. Although these are discussed at the time of the study, it is important to discuss this again after the placement. The "telling of adoption" is often a troublesome area and, when the time approaches most couples probably wish that they did not have to tell. That there is some conflict about this matter

should not worry us, if we select couples who will be accessible to help. Even during the supervisory period some of our discussion may still be theoretical as far as infants are concerned. Some agencies have therefore considered the advisability of holding group meetings for adoptive parents after legal adoption is completed and when the children are several years old. Such meetings would undoubtedly prove helpful in supplementing our earlier service to the family.

Integration Is Goal

At Louise Wise Services, the agency's role in supervision has been discussed at several seminar sessions with Dr. Viola Bernard, our Chief Psychiatric Consultant. At one of the seminars Dr. Bernard said: "The more skillful we become the more we can play the integrative role, reducing the need for authoritative action to a minimum." Spotting trouble during the placement process and dealing with it then, is not so threatening to the family as an authoritative action at a later date. On the basis of our experience that very few situations have arisen where we have felt that a child should be removed, it seems that we are right to interpret our role to the adoptive parents as one of helping the parents and their child to integrate as a family. Certain problems will arise that we and the family did not anticipate but these are usually part of normal family living and fall well within our helping function. Periodically we will be confronted with a serious problem and here we must be conservative in deciding how to carry out our responsibility. We cannot apply the same criteria at this point as at the selective stage. If our remedial efforts fail, we must then, in these extreme situations, remove the child and bear the consequences of the painful step. Our agreement form and the understanding which families have of our responsibility give us the right to do this without our explicitly emphasizing this possibility with all families at the outset of supervision.

The following is a case in which the agency seriously considered removing a child during

the supervisory period but was able to avert this because of the family's readiness to use help from the agency:

The J.'s, a couple in their early thirties, applied to the agency after they had been married about six years. The medical reports indicated that it was impossible for them to have their own child.

At the initial joint interview, there was some evidence that Mrs. J. was a tense, anxious person, and it was the worker's impression that she was not completely reconciled to her husband's infertility. In the individual interviews that followed, it was felt that the J.'s had a good marital relationship and considerable warmth and sensitivity. Because of the many positives, the agency decided to continue with the study. Recognizing that the J.'s might need some help in moving into adoption, the agency planned more than the usual number of interviews. 15 months after their initial contact with the agency the J.'s were approved and Amy, a five-month-old little girl, was placed with them. Mr. J. became ill the day before they were to see the baby, and on the day of the "showing," while the worker was telling the J.'s about Amy, Mr. J. had to leave the room several times, saying that he had a stomach disorder. The J.'s immediately responded to Amy indicating that she was "their baby" and took her home two days later.

The worker spoke with Mrs. J. on the telephone a few days after the placement, and although Mrs. J. praised Amy and said that she was a wonderful happy baby, she stated that she herself was not well. She thought she had contracted whatever Mr. J. had at the time of the "showing," and commented that she became so tired when she handled Amy that they had to engage a maid to help her.

The first visit very shortly after placement indicated that there were obvious difficulties. It was apparent that the J.'s needed to work out some problems in their marital relationship and around the infertility. The reality of having a child in the home brought things to a head. Intellectually Mrs. J. wanted to be a mother, and yet she was struggling against it. She still had a great deal of feeling in relation to the whole sterility question and thereby to the acceptance of adoption. Mr. J. could recognize the psychological aspects in Mrs. J.'s illness, as well as his own at the time of the "showing." Mrs. J., however, had little insight regarding her own role and projected the problem on her husband and to the agency.

There were no outward symptoms of Amy's being affected by Mr. and Mrs. J.'s problems, but the agency was concerned about the ultimate effect on her. During the first three months after placement, the worker had very regular contact with the J.'s including home visits and office interviews.

In discussing this case with our psychiatric consultant, serious consideration was given to removing of

Amy. However, it was decided to postpone the decision and to further explore what potential the J.'s might have and whether the agency could be of help to them. The worker told the J.'s how the agency viewed this, and that it could not disregard their problems. Although the J.'s reacted with some anxiety, they both agreed that they wanted to work closely with the worker.

The worker continued to see Mr. and Mrs. J. on a regular basis and helped them both to gain greater insight into their situation. She saw them together, and individually, and also visited in the home to see Amy and to observe the "climate" between the parents and the child. The positive changes became more and more evident. The tensions were diminishing and this was becoming an integrated family unit. The agency gave approval to the J.'s to proceed with legal adoption, and the final adoption took place about fifteen months after Amy was placed with the J.'s.

This situation points up the need to see the family study, the placement, and the supervisory period as a continuing helping process, with our goal being the integration of the family. Throughout our contact, diagnosis and treatment are inseparable, even though our emphasis differs in each step, and after placement the diagnostic aspect becomes subordinate to treatment.

Flexibility Is Required

In reviewing the J. case, it is apparent that an important clue was missed when Mr. J. became ill, and this was something that should have been explored further, rather than proceeding with the "showing" and the placement. In an article on the first sight of the child by prospective parents* Dr. Viola Bernard states:

When adoptive parents first meet the child offered by an agency, they face more fully the actuality of parenthood. This sometimes arouses latent conflicts, with marked anxiety and rejection of the baby, in contrast to previous manifest attitudes. Help based on psychodynamic understanding is needed as the couple and agency re-evaluate the adoption.

Case studies of this group illustrate common patterns and significant differences in conflicts and methods of handling them. When deep-seated opposition predomin-

* Bernard, Viola J., M.D., "First Sight of the Child by Prospective Parents as a Crucial Phase in Adoption," *American Journal of Orthopsychiatry*, April, 1945, Vol. XV, No. 2, p. 230.

ates, adoption is dropped; with help others work through the crisis successfully. Such measures at this stage may prevent later maladjustment for the adoptive family.

In the case of the J.'s, in spite of a very careful study, some of the real problems did not appear until the reality of adoption was imminent. Obviously, we should have stopped then, and it is possible that we could have helped them at that point. If not, we would have rejected them. After placement, the situation was quite different. Before considering removal of the child we had a greater responsibility to try to help the family with their problems. If we could not have helped them, we would have had no choice but to remove the child.

The J. case also shows the need for agency flexibility in deciding the length of supervision, and the number of contacts during this period. The ruling of the state department of welfare in each state must be followed in determining the minimum requirements, but these should always be seen as "minimum" and not what is necessary for good casework practice. Although an agency does need to develop uniform practice, this can also lead to superficiality. Ideally, supervision should be for as long as it is needed in a given case, and the number of contacts, as well as their content, should also be individually determined. Just as in our studies of prospective adoptive parents the total number of interviews varies, this same concept should apply to supervision.

The timing of our supervisory visits is also of importance, and it is sound to plan the first visit very shortly after placement, so that if there are any problems, we can immediately offer our help. In the case of the J.'s, the worker became aware that there was trouble when she telephoned a few days after placement. However, in many cases this might not be revealed on the telephone, nor should we wait to let the parents take the initiative in letting us know that there is a problem. In some agencies, extra time is spent in supervision on "special cases," however, we cannot select the "special cases" unless we know what is happening in all of our placements.

When the Child Does Not Develop Normally

One type of situation that can be troubling to an agency during the supervisory period is that of the child who is not developing according to expectations. In such a situation, as described in the following case, there is always the question of the role and responsibility of the agency:

Ruth was placed with the K.'s when she was six weeks old. The K.'s were both college graduates and were a very bright young couple. They were warm and flexible, with many fine potentials for parenthood, and it was felt that they would be able to meet the additional risks of an earlier placement, which at our agency is under three months of age. Although, at the time of placement, Ruth was a healthy, well-developed child, when she was three months old, the worker noticed a kind of sluggishness and questioned her motor development. The three-month psychological test showed that her development was inconsistent even though her score was quite high. At six months, and also at a year, Ruth tested in the dull normal group. It was noted that she was a very passive baby, needing strong physical stimulation before responses were elicited. The K.'s spoke of Ruth as being "lazy" and not doing things as rapidly as other children, but showed little concern about it. There was an exceedingly good adjustment between the child and the parents, and the K.'s proved to be the mature and understanding parents that we had expected.

It was felt that during the supervisory period it would be important to determine the meaning that Ruth's development had for the parents, and their reaction to it. In order to observe the child's development as well as the parents' reactions, the worker visited quite frequently. After Ruth had been with the K.'s for almost a year, they asked about going ahead with legal adoption. They said that having Ruth had been a wonderful experience and that they were extremely happy with her. Before agreeing to legal adoption, the worker pursued the discussion regarding Ruth's development, as she wanted to be completely sure that the K.'s were facing the real situation, and that they recognized that Ruth might always be slower than other children.

Further discussion revealed that the K.'s were aware that Ruth was a slow child and that this might continue into adulthood. They did not deny that it troubled them a little but insisted that that made no difference in their feeling toward her. They said that they were Ruth's parents, and they loved her. They felt that their own awareness of the situation was important and that understanding Ruth's potentialities would help them in working with her. With this knowledge they would not push Ruth and would understand that if she did not do certain things it was not because she did not want to, but because she needed more time. Their attitude was that they took their child for what she was, and not for what other people expected of her.

In the K. case, the worker's observations of the child were extremely important, and this situation points up the need for adoption workers to have a knowledge of the development of infants and to be able to recognize whether a child is functioning normally.

It was obvious that regardless of Ruth's slow development, this was a very good placement, that the K.'s accepted the child and loved her. In reading the record, one might wonder whether the worker herself became too anxious about Ruth's progress, and yet it was helpful and necessary for the K.'s to have been brought face to face with the situation before proceeding with legal adoption.

In such situations we must be careful not to project our own prejudices and need to check on our objectivity. If the worker feels that the child is not developing normally, it is advisable to have the agency's psychologist and pediatrician participate in further observations of the child. If the child is adjusting well and is happy in the home, and if the family wants to keep the child in spite of any unanticipated physical or mental problems that may develop, our responsibility is to help them to become aware of the implications so that they can handle the problem most constructively.

The Older Child

The integration process is more difficult in the placement of older children, and as a report of the Child Welfare League states:*

"Older children and troubled children do not settle into the hearts and home of a new family with the comparative speed and ease with which a baby does."

In placing older children, the agency must be prepared to give a great deal more in terms of time and effort than is usually needed in the placement of babies. The child's preparation for placement and the entire placement process has to be worked out very carefully, with the child actively participating in all steps.

* *Adoption Practices, Procedures and Problems: Report of Second Workshop under auspices of Child Welfare League of America.* New York, March 1952.

Placements of older children are initially extremely difficult for the child and also for the adoptive parents. The older child who is placed for adoption usually has had many negative experiences, often including severe rejection by parents and sometimes foster parents. Often he has been severely traumatized before referral for placement. Regardless of how much help the child has been given before going into adoptive placement, the placement itself often reactivates many of his own problems, and creates a feeling of anxiety. He may have expressed that he "wants adoptive parents forever" but yet he is afraid. He cannot trust parents until he really feels secure with them and he has to "test" them out in many ways. At the same time he wants their love and the security of their home, he may do everything to threaten it. It is only when he can feel within himself that he is really wanted, that the parents "want him forever" regardless of his behavior, that he can lose some of his anxiety and begin to feel that he "belongs." During this early period, he may need to hang on to much of the past regardless of how negative it may have been. This may take the form of frequent telephone calls to the former foster family, or of telling the adoptive parents that everything in his former home was "better."

While this is going on with the child, the adoptive parents are also going through a difficult period. They wanted a child very badly, and may have a great deal to give. Before they have had the opportunity to develop a solid relationship with the child, they may have to cope with the child's negative behavior and hostility. Therefore, in selecting adoptive parents for older children, this aspect must be very carefully considered with the parents. They need help in realizing that "separation" from a child's past life does not mean completely giving up his past, and that the child's need to hang on to his past does not necessarily mean that he is unhappy in his new home. On the contrary, the child's readiness to discuss his past with his new parents is often a sign of growing security, and it is only when the child's past and present can be more or less consolidated

that he can begin to make a truly good adjustment with his new parents.

The adoptive parents need help in understanding the meaning of the child's behavior as he struggles through this early period, and even though we may have felt from our study that they should make good parents for an older child, we cannot assume that they are prepared to handle some of the problems that are innate in the adoptive placement of most older children. Our help to them, as well as to the child, must come before the placement, during the placement, and all through the supervisory period. As is true in the case of the younger children, the length of supervision should depend on the individual case and it should end only when the need for it ends. The decision to end the supervision and go on with legal adoption should be decided upon by the agency, the parents and the child.

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EDITORIAL COMMENTS

Placing Children in Practice Homes

IN FEBRUARY, under the auspices of the Home Economics Education Branch of the Office of Education and the U. S. Children's Bureau, the Department of Health, Education and Welfare arranged a three-day conference of representatives from the fields of home economics, education, child development, child psychology and psychiatry, child welfare, pediatrics, and research. The purpose was to discuss and "come to an agreement on basic principles which should govern experiences with infants as a part of the professional preparation of prospective teachers of homemaking and other home economists."

The Child Welfare League appreciated the opportunity to be represented at this conference. We have been concerned for some time about the practice of child welfare agencies placing infants in home management houses of home economics departments to provide students an experience in infant care. Usually these babies are placed from hospitals or institutions. However, babies have been moved from foster homes to home management houses. While in one of these houses a baby is usually cared for by from six to eight different girls on a rotating basis. The girls live in the house and are supervised by the home management house director. After approximately six or eight weeks the first group of girls leaves and another group moves in. A baby may remain in the house for one or two semesters and have as many as four different groups of girls caring for him or from 24 to 32 "mothers." Many of the girls are having their first experience in the actual care of a baby, and they cannot but convey feelings of insecurity to the child.

The rationale offered by the participating child welfare agencies has been not only the wish to cooperate in the education of future mothers, but also the belief that the babies receive more individual attention in these practice homes than they would in the alternative available facilities.

Child welfare has a body of experience which clearly shows the damage to normal personality development from a change of mothers during the early months of life. Through a continuous experience of loving care from one person—a mother—children learn to relate to other individuals, to love and find security. Babies in home management houses have so many "mothers" that they must find it difficult to know to whom

they belong or to whom to attach their affection, and the uneasiness of the "mothers" in their relationship with the baby may compound the damage.

Dr. Ralph Rabinovich, Director of the Children's Division of the Neuropsychiatric Institute of Ann Arbor, Michigan describes this multiple mother (numerous substitute mothers) among the three types of "mothers" who contribute to personality disturbances in children. The others are the iron mother (the institution crib) and the refrigerator mother (the cold, withholding mother).

Continuing progress is being made in reducing the numbers of infants cared for in institutions and in placing babies eligible for adoption with their adoptive mothers as early as possible. To reduce to a minimum the number of substitute mothers who will care for the infant, more attention needs to be directed toward planning placement of those infants who cannot move directly into adoption and of those for whom the time of return to their own mothers cannot be accurately predicted. Agencies that are now placing babies in home management houses should review this practice in terms of its long range effects on the child's personality, regardless of any immediate benefits such arrangement may seem to provide.

Rather than participate in a plan of teaching which contradicts the basic truths of child care, we should interpret to students what we know to be valid from our practice. Child welfare agencies have an important stake in the education of future mothers, teachers, board members and citizens. We must find ways to make our knowledge and resources available to them, in a way that safeguards and promotes the welfare of the children.

JOSEPH H. REID
Executive Director

New League Member

North Shore Children's Friend Society
1 Broad Street
Salem, Massachusetts
Donald D. Dowling, Executive Director

Provisionals

State Department of Public Welfare
120 West Redwood Street
Baltimore 1, Maryland
Thomas J. S. Waxter, Director
The Catholic Service League of Akron, Ohio
138 Fir Hill
Akron 4, Ohio
Miss Anne H. Doran, Executive Secretary
Oak Grove (Charleston Orphan House)
100 La-kawanna Boulevard
North Charleston, S. C.
Everett Spell, Director

REGIONAL CONFERENCES

Southwest Regional Conference

March 27, 28, 29, 30

Chairman: Mr. Anthony DeMarinis
Executive Director
Family and Children's Services of Greater
St. Louis
St. Louis, Missouri

The New England Regional Conference, May 23, and 24, formerly scheduled for Hotel Griswold, Groton, Connecticut, will be held at *Equinox House, Manchester, Vermont*. (See the Conference Calender published in the November 1954 issue of *CHILD WELFARE*.)

Best Interpretive Material Awards

The exchange of information on "How to Do It Better" has always been an essential part of the League's program.

Last year, in an effort to help agencies improve their interpretation programs, the League sponsored a contest and awarded prizes to those agencies which, in the opinion of a special committee of experts, produced the most effective interpretive materials. More than 300 entries were judged.

Because of the fine response, the League will hold the competition again this year. The prize-winning material will be displayed at National Conference of Social Work in San Francisco, California, in May.

Awards will be made for those materials judged most outstanding in the following divisions:

1. Best Printed Annual Reports.
2. Most Original Description of an Agency's Work.
3. Best Handbook.
4. Best Printed Material in Foster Care Field, including Adoption.
5. Best printed material in the Field of Service to Children in Their Homes, including Day Care, Homemaker and Protective Services.
6. Best Interpretive Articles in Newspapers and other Publications.

Agencies entering the competition should send a sample of their materials indicating the category in which it is to be entered on each item. Material should reach the League's office not later than *April 15, 1955*.

A BOARD MEMBER SPEAKS

Interpretation Pays Off in Support

TWELVE YEARS on the board of a children's home should teach one not to be dogmatic in his pronouncements. The dynamic, ever-changing child welfare field makes such an attitude quite untenable. One is apt to find his thinking of yesterday outmoded. Nevertheless, I venture to present the following statements in the belief that they will be regarded as axiomatic:

1. *No private child agency, unless heavily endowed, can long exist without a program at least approximating the highest known standards.*
2. *Nor can it long exist without adequate interpretation to its constituency.*

Due to a combination of fortunate circumstances, Central Baptist Children's Home has made rapid strides in program achievement. Only ten years ago the majority of our board, as well as most of our constituency, were satisfied with a program which provided subsistence and nothing more. Our standards were below the minimum set by the state and consequently we were operating without a state license. Today as a full-fledged member of the Child Welfare League of America, we are doing significant work in rehabilitating emotionally disturbed children and are recognized as a leading agency in that particular area of service. Our Executive Director, Reverend Louis B. Snider, who has been with us for seven years, is largely responsible for this advance, an advance which national as well as local leaders in the welfare field regard as phenomenal.

Developing Media

This is our background. The purpose of this article, however, is to stress how important it has been to educate agency constituency as to the factors which constitute a good program in order ultimately to attain acceptance accompanied with their adequate financial support.

Our program of "enlightenment" started ten years ago with the publication of the *Central Baptist Children's Home News*. This

little paper, usually of four pages of standard letterhead size, first went to a list of about 1,800. The mailing list has expanded over the years to about 12,500. The paper goes out every month, thereby keeping our Home constantly before our friends. This, in a day of intense competition for the giver's dollar, is important.

In practically every issue there is a concise, interesting presentation of some phase of our work. The importance of good houseparents to the over-all program is constantly stressed. Because of awakened awareness of the fundamental part houseparents play, we have been able gradually to increase their salaries and provide for them homelike living quarters. This is the only way to attract what we have today—an understanding corps of people who show interest and warmth to the children. There is every indication that they will be reasonably permanent, and this is so essential to a disturbed child's morale.

Caseworkers and their functions are given attention in our house organ. To the average reader, the term "caseworker" at first was pretty vague. It was with considerable difficulty and incidentally, at the price of the resignation of two "old guard" board members, that we made our start with a part-time worker at \$1,000 per year. After ten years of education our constituency now supports a highly trained casework supervisor, a full-time assistant, and a half-time assistant at a combined salary of \$9,900 per year.

Psychiatric interpretation to caseworkers and houseparents is something we have discussed in our paper the past three years, and we feel that almost all our friends have come to recognize the importance of having a psychiatrist work with the staff. A very capable psychiatrist now visits at least once every two weeks at the home and his diagnosis of causes underlying so-called "problem children" is exceedingly helpful to staff and in many instances materially shortens the time necessary to rehabilitate a child.

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Explaining Costs

Notwithstanding our best efforts through *CBCH News*, we still find in the question period following our presentation to churches and church organizations, that many could not understand why in our last fiscal year our cost per child was as high as \$1,850. Accordingly we thought it very worthwhile to put under one cover in the form of an illustrated brochure a sort of summary of what we had been publishing over the years in the *CBCH News*, giving particular emphasis to the following:

1. That the child coming to us today, usually from a broken home, demands an entirely different approach and treatment than did the child of the "horse and buggy" days of the early life of our Home.
2. That there are many "behind the scene" activities not apparent to a casual visitor. By taking a new boy through all the steps finally leading up to his acceptance by the group, we were able to emphasize these intangibles.

Finally, in a statement of receipts and expenditures for the fiscal year, we made a simple analysis of the \$1,850 per year per child figure as follows:

"\$1,850 at first glance looks pretty high to a friend, for example, who makes mental calculation of cost involving his own child. But consider this: 40% of our total cost is represented in salary and wages. Mother, in the private home, gets no salary for the loving care given her child. Eliminating salaries and other costs which the average parent in private homes does not charge to his child, our cost is \$525. It figures less than \$50 per month!"

We also noted the following facts:

1. The average cost per child of ten nearby agencies giving comparable service is \$1,904.
2. The cost for a delinquent boy in our state institution is \$3,373.
3. The cost for a delinquent girl in our state institution is \$3,200.

Since we are dealing with human souls, the most precious of God's creation, the money spent in excess of the subsistence base of

\$525 is the money that supplies the most significant service we can render.

Now for the "proof of the pudding." Does intensive interpretation pay off in increased financial support? Our results seem conclusive.

Income is over five times what it was ten years ago. Capital assets over the same period rose from \$115,000 to over \$500,000.

Rising income is financing increasingly better service to our 60 children. As a result we can now reasonably expect that most of them, at least, will mature into substantial Christian citizens. As better techniques are developed, we shall interpret them to our constituency and be ready to use them as aids in the completion of the all important task to which our Home is dedicated.

May I say in conclusion that if this article reflects an attitude which seems to be rather smug, it is because candor was necessary to bring out points that had to be stressed to make it effective. If it proves helpful to any agency making or hoping to make the transition ours is still going through, it has accomplished its only purpose.

As a matter of fact, everyone connected with Central Baptist Children's Home subscribes to the sentiments expressed in our brochure which I now quote in closing:

"Humbly and reverently we give thanks to Almighty God for His blessings and guidance. Time after time as critical decisions affecting the Home have been made, God's guiding hand has been clearly evident. To HIM is the glory."

MELVIN H. SCHWARTZ

*President, Board of Directors
Central Baptist Children's Home
Lake Villa, Illinois*

Final Reports of Sections, Findings and Resolutions of the World Child Welfare Congress held in Zagreb, Yugoslavia, August 30 to September 4, 1954 are now available through the International Union for Child Welfare, 16 Rue Du Mt. Blanc, Geneva, Switzerland.

CRUCIAL IMPORTANCE OF ADOPTION HOME STUDY

Editor's Note: The following study of unsuccessful adoptive placements made during a three-year period by the Colorado departments of public welfare evaluates gross failure only—children removed from adoptive homes during the one-year trial period. Opening this type of experience to the field is a significant contribution which perhaps is not made frequently enough.

COLORADO has a county-administered, state supervised, public welfare program. Thirteen of the sixty-three Colorado counties have child welfare workers. In the remaining fifty, the "non-unit counties," county public assistance staffs give child welfare service under the supervision of the child welfare consultant from the State office. The consultant visits the more remote areas one to four times a year, depending upon the need for service.

Applicants to adopt children come from all parts of the State, rural as well as urban. In those fifty counties where there is no child welfare worker, the consultant has the intake interview with the applicants. The focus of the first interview is three-fold: To interpret the program, to screen, and to diagnose tentatively the fitness of the applicants to adopt children. In the non-unit counties the study is usually completed by a member of the Public Assistance Staff.

The home study is sent to the State office for a decision. A statewide register of approved homes is available for each child ready for adoption.

The Public Welfare Department in Colorado has had an adoption program only since 1949, when the legislature passed a law making it possible for county judges to give custody of illegitimate children to the departments of public welfare for the purpose of adoption. Prior to 1949 all illegitimate children born in hospitals had to be committed to the State Home for Dependent and Neglected Children. Since many children born within wedlock were also committed there, very few adoptive placements were made by welfare departments.

In 1953, although we had been doing a substantial amount of adoption for only three years, our incidence of failure seemed alarmingly high. We therefore decided to study our failures. The study, since then, has been a continuing one.

The following table shows the percentage and number of failures during the three-year period:

Of the twenty-five children in eighteen homes dealt with in this paper, twenty-one were between the ages of two and eleven at the time of placement. The exceptions were

Year	No. Children Placed	FAILURES			
		Children		Homes	
		No.	Per cent	No.	Per cent
1951	83	6	7.3	5	6.1
1952	144	12	8.2	9	6.2
1953	169	7	4.1	4	2.3
Totals	396	25	6.3	18	4.5

a ten-month old child who failed to develop and three others removed from two homes because of the adoptive parents' marital difficulty.

Since our sample of cases is far too small to allow definite conclusions, our findings are submitted here quite tentatively:

How Important is "Matching"?

We believe it does not have the weight often given it by the workers, by many of the applicants and by the lay public. There was not one failure, either directly or indirectly, attributable to poor matching; yet, in the "successful" group are numerous examples of poor or not particularly good matching. We are referring here to children who differ from their adoptive parents in physical appearance, nationality and racial background, and intellectual potential.

Does the Presence of Children Already in the Household have a Bearing?

It appears to have some bearing on the failure. Of the fifty-seven older children successfully placed in adoptive homes, sixteen of them went into homes where there were already children present. Of the twenty-five children unsuccessfully placed, fifteen of them went into homes where there were children. In most of the cases, there appeared to be no direct connection between the children already in the home and the placement ending in failure; in seven of the placements, however, the failure can be attributed in large part to the presence of children already in the home.

Although we have not studied infant placements, we have no reason to believe that the presence of children already in the home is a risk in the placement of children under the age of two.

How Important is Supervision During the Year's Trial Period?

In our experience, this has not seemed to be of crucial importance. Some of the most difficult problem children were placed in re-

Per cent
6.1
6.2
2.3
4.5

mote sections of the State where supervision during the year's trial period was given by an untrained member of the county staff. Sometimes contacts were infrequent. The most dramatic failures occurred in unit counties where a child welfare worker was in close touch with the situation and where facilities such as a child guidance clinic were accessible.

Does "Desirability" of Child Guarantee Success of Placement?

On the contrary, some of the most desirable children the agency has known are in the failure group. Many were of above average or superior intelligence, healthy, physically attractive and relatively free of emotional problems. By contrast, we see in the successful group of older children a high proportion of emotionally deprived children, three of them with I.Q.'s between 70 and 80, three others with serious physical handicaps and several not considered at all physically attractive by popular standards.

Of the twenty-five children whose first placement failed, twenty-three have been considered replaceable. Among the twenty children placed for the second time, thirteen adoptions have been completed.

What of the Adoptive Home?

Our findings invariably pointed toward the importance of determining the calibre of the adoptive parents themselves. Compared to this the matching process and professional supervision during the year's trial period were decidedly secondary. Children, who ten years ago were considered unadoptable, are today in the group counted successful; in the unsuccessful group there are many bright, attractive, emotionally well-adjusted children. Many of the youngsters in this latter group went into homes where the parents were professionals. Some questions are: Is higher education necessarily an advantage in adoptive placement? Is the worker so impressed by applicants with professional training that he over-identifies with them, failing to evaluate them as objectively as he would the couple from the skilled labor or agricultural group? Is the educated applicant more skillful in covering up his motives, in rationalizing them, in short, so adept at self-deception, that the inexperienced worker is easily fooled?

In the majority of placements which failed, rejection of the child by one or both of the adopting parents was the cause. The couple asked to have the child removed, showing

little if any desire to integrate him into the family. Most of them acknowledged, at this point, that adoption was not for them. Some were resentful toward the agency for not having helped them to recognize this earlier. A few said they had to try adoption to find out for themselves that they did not want it.

Our conviction then is that the home study is of primary importance. We need to find surer ways of evaluating people's motivations, their flexibility, their feeling qualities and the balance of relationships within the family. We can be fooled by a couple's success with their own child; or with one they adopted in infancy. We do know that to take an older child for adoption requires a special abundance of physical and emotional stamina. Evaluating the applicants' capacities for loving a strange child, their ability to stand by a child during difficult periods, and to bear with and support him through trying behavior—this appears to us to be the crucial task in adoption work.

RUTH MEDWAY DAVIS

Supervisor of Special Consultants
Child Welfare Division, Colorado

State Department of Public Welfare, Denver, Colorado

POLLY BOUCK

Child Welfare Supervisor

Arapahoe County Department of Public Welfare, Littleton, Colorado

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NEWS FROM THE FIELD

Decline in Number of Orphans

The January issue of *Social Legislation Information Service* states that "data released by the Social Security Administration indicates a striking decline in the rate of orphanhood. In mid-1953 about 2.9 million children under age 18 in the United States, or 1 in 20, had lost one or both parents by death. In 1920, when the child population was only three-quarters as large, there were more than twice as many orphaned children, 6.4 million, or 1 in every 6 of the children under 18. The number of full orphans declined from 2 per cent of all children under age 18 in 1920 to 1 per cent in 1930 and $\frac{1}{8}$ of 1 per cent today. In this connection, the Social Security Administration notes:

'Orphanhood was a major social problem some decades ago because of the complex needs it created both for economic assistance and also for special services to counter family disorganization. With the decline in the number of full orphans, however, and increasing emphasis on placement of children in foster homes, the so-called 'orphanage' has been going out of existence. Concurrent growth of public income-maintenance programs has made it possible for widows to keep their children at home. At present almost half of all paternal orphans are receiving benefits under the old-age and survivors insurance program, and the proportion will of course rise as the program matures. (At present, it is estimated that perhaps 3 per cent of the orphans receiving old-age and survivors insurance benefits are maternal or full orphans entitled on the basis of the mother's work record.) More than three-fifths of all orphans with father dead are receiving benefits as survivors of workers covered by some form of social insurance and/or survivors of veterans. More than 1 in 10 paternal orphans receive aid to dependent children; many of them are ineligible for social insurance, while others are beneficiaries whose benefits do not meet their needs.'

This change in the life cycle of parents is the most significant reason for the trends in services for dependent and neglected chil-

dren, away from custodial care to casework help with the personal and family situations which hamper or reduce the parents ability to carry their parental roles fully.

New Service for Children of Minority Groups

FOR THE first time, fourteen major social service organizations, public and private, in New York City, Nassau and Westchester Counties, have united to form Adopt-A-Child, an intensive three-year project to interpret the need for and stimulate interest in providing homes for Negro and Puerto Rican children.

This is believed to be the first project of its kind in the country. It represents the united efforts of nine major Catholic, Jewish, Protestant and nonsectarian private adoption agencies, the public welfare departments and the Urban League of Greater New York and Westchester County. The headquarters are in the Urban League building in New York City. Mrs. Hubert T. Delany, wife of the Children's Court Judge and a board member of the Spence-Chapin Adoption Service is the president. Dr. William S. Jackson, formerly program director of the Urban League of Greater New York is executive director.

The new agency was made possible by grants totalling \$49,800 from the Field Foundation and the New York Fund for Children.

More than 2,000 Negro and Puerto Rican Children are in need of adoption homes in the participating areas. These children are forced to spend their entire formative years in hospitals, shelters, institutions, and boarding homes.

Operating through a board of directors and a full-time staff, Adopt-A-Child will work to develop new methods for finding adoption opportunities for Negro and Puerto Rican children and to carry out an informational campaign to develop community awareness of the seriousness of the problem. It will also act as a clearing house for ideas where agencies can pool information and evaluate their own methods and criteria to stimulate the adoption of children from these minority groups.

READERS' FORUM

Casework Supervision in the Day Nursery

I should like to reply to the excellent Forum letter by Emerson Holcomb in the January issue of *CHILD WELFARE*.*

Day Care service, still pioneering, is constantly struggling with the question "What is the need for casework and how can such need be met?" Numerous plans for casework service have been tried in various parts of the country. Mr. Holcomb moves a step ahead in good standards in his emphasis on the need for the caseworker to be an integral part of the day care staff. This does, of course, raise the whole question about supervision of this "lone caseworker."

What about the supervisory solution offered by Mr. Holcomb? If we are in agreement that caseworkers serving in day care need to be a part of that staff, selected by that agency, and with activities integrated with the total program, then does it not seem somewhat inconsistent to believe that supervisors can be separately oriented? Those of us who have taken responsibility for supervision in all types of programs have come to the conclusion that the wider our own casework experience, the wiser our supervision, provided we also have the knack for teaching. It is granted that basic concepts underlie adequate day care service to parents and children. There are also special aspects, such as the handling of the more personal daily contact between foster and natural parents; the use busily occupied parents make of a regular casework interview, etc. Those who supervise, no less than the caseworkers, need to be thoroughly oriented to the day care field.

Day Care has not yet arrived at the place in the Child Welfare field where it is viewed as an essential social work program. It has often been approached with a questioning eye and described more as an educational

process than as a social work task. If one follows Mr. Holcomb's idea, where would one look for the consultation arrangement with an experienced supervisor on the staff of one of the casework agencies? It has usually been true that such casework agencies have limited knowledge about day care programs or problems—and unfortunately, not too much interest. Therefore, this lack of interest, plus a basic lack of experience in the special aspects of day care, would cause me to wonder how satisfactory such supervision can be.

We are faced with a dilemma here because it is not easy to provide funds to secure either skilled caseworkers or skilled supervisors whose interests lie in the day care field. However, I hope we would recognize the questionable aspects in the standards of any casework program that uses "borrowed supervision." Perhaps some community might experiment with the idea of a cooperative set-up where group day care, foster family day care, and homemaker's service for the young child might be set up under an over-all board and administrator. Such a program could then have a case supervisor under whom caseworkers might operate in all three services. Such a supervisor could also supervise skilled centralized intake for the three services. Naturally, the group care would also have its head teacher and full recognition of the educational approach. Each service would also have an alert lay committee with appropriate representation on the over-all Board. Efforts of Board, Administration and the skilled casework program would be geared to the preventive aspects of a high-standard day care program, which recognizes that more effective service to these clients could prevent disintegration of family units, and provide more security for many children.

FRIEDA M. KUHLMANN

*Executive Secretary
The First Family Day Care Association
Philadelphia, Pennsylvania*

* Holcomb, Emerson, "Providing Casework Service in the Day Nursery," *Readers' Forum*, *CHILD WELFARE*, January, 1955, p. 20.

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BOOK NOTE

Children for the Childless, edited by Morris Fishbein, M.D. Doubleday & Company, Inc., Garden City, New York, 1954. 223 p. \$2.95.

Children for the Childless is an interesting collection of articles on the social, medical, and psychological phases of fertility, sterility, artificial insemination, and adoption written by persons of prominence in their fields: Sidonie Matsner Gruenberg, Morris Fishbein, Edward Weiss, I. C. Rubin, Nicholson J. Eastman, J. P. Greenhill, Fred B. Kyger and Richard L. Jenkins, and Benjamin C. Gruenberg.

Mrs. Gruenberg's chapter gives an interesting account of the impact of the present day way of life and economic standards on parents, and in turn their children. Dr. Fishbein's contribution deals with sex.

As a guide to the fifteen per cent of the childless families who may desire to have offspring of their own, Dr. Rubin has outlined the various possible organic reasons for failure of conception. In this, as in subsequent chapters, the male partner is found, by means of the sperm count or Huhner test, to be involved in about thirty per cent, and entirely responsible for the failure of conception in about ten per cent of the cases of sterility. Of those women seeking gynecological advice because of failure to conceive, between twenty and sixty per cent become pregnant after various treatments, such as cure of infection, opening of temporarily sealed fallopian tubes, altering the position of the uterus, and hormone therapy.

Dr. Rubin stresses the importance of a healthy state of body and mind in fertility. A person who is overworked or malnourished is less likely to conceive. Sperm exhaustion from being overzealous in the attempt to have children may be a temporary factor in some cases of sterility.

Dr. Eastman indicated that on the average, menarche (age of first menstruation) begins at 14 years, and menopause (end of menstruation) at 47, leaving a fertile span of thirty-three years. Since fertility may lag for a year after onset of menstruation, this fertile period may be thirty-two years.

He points out the fact that of those women who marry between twenty and twenty-five, only 5.8 per cent were childless, whereas, when women were over thirty, 30.2 per cent were childless. The time required for conception is shorter in the young woman of twenty (two months as compared to 3.8 months) than in the woman over thirty years of age.

Dr. Eastman discusses rhythms, and indicates that a woman is most likely to conceive between fourteen and twenty days after the termination of a menstrual period, most frequently between the eleventh and fourteenth day, and that the peak falls on the thirteenth day. The Malthusian theory of ultimate starvation of mankind because the population increase in some parts of the world has gone way beyond the food supply is discussed in the question of birth control. Dr. Eastman ends his chapter with a discussion of contraception and birth control.

Dr. Weiss effectively discusses the significance of the psyche in the physiological functions of the reproductive system. He goes beyond that, and points out the various possible reasons why some of the childless seek advice on how to remedy their barrenness. I find this chapter most interesting, informative and convincing, and consider that it would be most helpful to childless parents, their physicians and the adoption agencies. Indeed, the groups of questions used by Ford, as cited by Dr. Weiss, might well serve in part at least, as a screening test for the suitability of many couples who seek a child through adoption.

Dr. Greenhill's chapter on artificial insemination also is interesting. He tells us of the advantages of artificial insemination in animals. In humans he discusses the use of the husband's sperm, of the donor's sperm, the technic of insemination, and the results. He stresses that a single introduction of sperm may be unsuccessful, but that after several attempts over a period of two to three months, pregnancy occurs in a variable number, ranging between 22 and 87.2 per cent. Live babies resulted in 97 per cent, and the incidence of abortion was only one-fifth of that occurring in the normal population

who conceived in the usual way. It would seem that selection of fathers is helpful.

The chapter on adoption is good, but too brief. In their discussion Kyger and Jenkins summarize the subject so that the reader gets a fair evaluation of the various aspects of adoption. They cite the astonishing figure of one million as the number of couples who seek children by adoption each year, and 75,000 as the number of infants who are eligible for adoption, approximately one child per twelve couples. Since this phase of *Children for the Childless* is so important, more extensive treatment of the subject might have been helpful.

"What will our child be like?" is the final chapter. This takes us through heredity and the gene theory. I must say that this discussion seems rather taxing for any but the reader who wants to take this chapter as home work and really study it.

In all, *Children for the Childless* is a good reference work for social workers in the field of adoption, for doctors who deal with conception and contraception, and for the intelligent would-be parent who desires a survey of the whys, wherefores, and what to do about altering his childless state.

SAMUEL KARELITZ, M.D.

Chairman, Committee on Adoptions, American Academy of Pediatrics, New York, N. Y.

1955 Job Clearance Service

For the third consecutive year, a public employment service office, manned by employment specialists, will be featured at National Conference of Social Work. This is a result of the excellent response to the 1953 and 1954 services. The service, with improvements over previous years, will be available only to those persons attending the Conference.

The placement service will be provided by the California State Employment Service in cooperation with the U. S. Employment Service and its affiliates. It will provide means for bringing job orders and job applicants together. A staff of experienced employment service interviewers will be available to implement the project.

Employers who have vacancies should register them at the nearest local office of the State Employment Service and ask that the order be forwarded to the National Conference. Social Workers interested in positions should register at the State Employment service and ask that the application and a resumé of their training and experience be forwarded to National Conference.

Both employer and the applicant must check in at the Employment Service booth at National Conference to activate the application. **The deadline for advanced filing is May 15, 1955**

CLASSIFIED AD SERVICE

Classified personnel ads are inserted at the rate of 10 cents per word; boxed ads at \$6.50 per inch; minimum insertion, \$2.50. Deadline for acceptance or cancellation is eighth of month prior to month of publication. Ads listing box numbers or otherwise not identifying the agency are accepted only when accompanied by statement that person presently holding the job knows that the ad is being placed.

CASEWORKERS, particularly those interested in adoption service and child placement, will find real opportunity in multiple-service program. Good supervision, student training program, psychiatric consultation, reasonable caseloads and good personnel practices. Salary from \$3450, in accord with experience. Perry B. Hall, Executive Secretary, Family and Childrens Service, 808 House Bldg., 4 Smithfield St., Pittsburgh 22, Pa.

CONSULTANT in children's institutions to serve as associate division secretary in council of social agencies ready to implement community study of 16 institutions. Qualified social worker with substantial institutional experience and interest and skill in community organization. Probable opportunity also for part-time teaching in school of social work. Social Planning Council, 505 N. 7th St., St. Louis 1, Mo.

CASEWORKERS. Two workers convinced that there is no discrepancy between the professional approach and Catholic principles of Charity desired. Immediate openings. Family and child welfare agency in city of 500,000. East shore of San Francisco Bay. Professional staff of 10. Qualified supervision. Psychiatric consultation. Caseload 40. Salary to \$4980. Catholic Social Service, Thayer Bldg., 577-14th St., Oakland 12, Calif.